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SIPDIS

DEPARTMENT FOR NEA/ARP

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SUBJECT: TERRORIST REHABILITATION SYSTEM IN SAUDI ARABIA

¶1. (U) SUMMARY: Media reports released by the MOI reinforce the Saudi perspective that inculcations of young Saudi men in extremist ideology stems from a lack of proper direction in religious instruction, not religious instruction itself. A media tour of the Riyadh Care Center, the first of five rehabilitation centers for terrorists, impressed the idea of treating terrorism as a drug. The tour heavily emphasized the accountability of the rehabilitation system "the prisoners care and safety are top priorities and debriefings are videotaped and monitored by MOI officials. END SUMMARY.

New Studies on Demographics of Saudi Terrorists

¶2. (U) According to the May 1 Saudi Gazette article titled "Study gives insight on terrorist' lives," the MOI released two reports researched and led by Prof. Abdulrahman Al-Hadlaq, Director General of Cultural Security at the MOI, based on interviews with convicted terrorists in Saudi prisons. The reports reinforced existing beliefs that most terrorists are young men, between the ages of 20 and 30 years old. The reports emphasized that the majority of terrorists come from large families where they are unsupervised and hence "confused" about a number of crucial Islamic teachings, according to Prof. Al-Hadlaq.

¶3. (U) The article continues that the reports stated among those studied, 10% of terrorists were not "religious" people, and that 35% had traveled to Chechnya, Afghanistan, or Iraq.

Publicizing the New Rehabilitation System

¶4. (U) According to another May 1 article in the Saudi Gazette titled "New prison system helps straighten out deviants," a tour was provided to 25 members of the Saudi media at the Riyadh Care Center. This center is one of five planned rehabilitation centers. The others will be located in Jeddah, Dammam, Qassim, and Abha. Each will hold approximately 1200 patients, although the Jeddah Care Center is planned to hold 1600. These centers are part of SAG two-track strategy in dealing with terrorism, one actively fighting terrorist groups and individuals and the other turning terrorists through rehabilitation programs.

¶5. (U) The article stated that the centers employ sociologists, psychiatrists, members of the Ulema, and terrorist experts to counsel the patients. The centers are physically designed with a mix of individual and group cells and give patients access to books,

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newspapers, and televisions. These centers were built because such rehabilitation programs would be ineffective in existing prisons as they are not designed for such programs. Space for families and other members of the patient,s "social network" will also be available, including rooms for conjugal visits by married patients.

¶6. (U) The article made clear that the centers will have 24-hour medical staff available. In addition, during "interrogations," which is more appropriately translated as debriefings, video is sent to the prison headquarters and then to "higher authorities" in the MOI.

¶7. (SBU) COMMENT: The most notable issue concerning the press tour of the Riyadh Care Center was precisely the desire for publicity. The press was given an encompassing tour, and specifically both the large medical staff and oversight regarding "interrogations" were stressed. It is clear that the MOI sees such centers as playing a significant role in public perception, especially overseas, that the SAG is committed to all aspects of combating terrorism, not just militarily engaging them, but also rehabilitating those and turning them back into peaceful members of society. Future observations may prove whether positive public perception is more desired than the actual effect of such rehabilitation programs. END COMMENT.
FRAKER